

5123

Recipient Committee Campaign Statement – Short Form

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees that have not received a contribution or other receipt that must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period
 from 7/1/22
 through 12/31/22

Date of election if applicable:
(Month, Day, Year)

Date Stamp
 RECEIVED BY
 ANGELES COUNTY
 5/1/1/23
 2023 JAN 13 PM 12:21
 CAMPAIGN FINANCE

CALIFORNIA FORM **450**

Page 1 of 2

For Official Use Only
G09834

1. Type of Recipient Committee:

- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate/ Officeholder Committee
- General Purpose Committee
- Sponsored
- Small Contributor Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain) _____
(Also check type of statement you are amending)
- Quarterly Statement
- Special Odd-year Report

3. Committee Information

I.D. NUMBER
1319419

COMMITTEE NAME

South Bay United Teachers Issues Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90503	310-921-2500

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/ E-MAIL ADDRESS

310-921-2502/sgoins@cta.org

Treasurer(s)

NAME OF TREASURER

Samantha Weiss

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Pedro	CA	90732	(310) 435-6292

NAME OF ASSISTANT TREASURER, IF ANY

Sarah Robinson

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Torrance	CA	90505	(805) 431-8383

OPTIONAL: FAX/ E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement to the best of my knowledge. The information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that it

Executed on 1/10/23
DATE

By _____
ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee
Campaign Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SHORT FORM

Statement covers period		CALIFORNIA FORM 450
from	7/1/22	
through	12/31/22	Page <u>2</u> of <u>2</u>
NAME OF COMMITTEE		I.D. NUMBER 1319419

Expenditures Made

1. Expenditures of \$100 or more made this period	\$	0.00
2. Expenditures under \$100 made this period (Not itemized.)		50.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD..... <i>Add Lines 1 + 2</i>	\$	50.00
4. Nonmonetary Adjustment..... <i>From Line 8 Below</i>		0.00
5. Total expenditures made from previous statement <i>Previous Summary Page, Line 6</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	0.00
6. TOTAL EXPENDITURES MADE TO DATE <i>Add Lines 3 + 4 + 5</i>	\$	50.00

Contributions Received

7. Monetary contributions received this period.....	\$	2854.73
8. Non-monetary contributions received this period.....		0.00
9. Total contributions received from previous statement <i>Previous Summary Page, Line 10</i> <i>(If this is the first statement for the calendar year, enter zero.)</i>	\$	3746.78
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE <i>Add Lines 7 + 8 + 9</i>	\$	6601.51

Current Cash Statement

11. Beginning cash balance..... <i>Previous Summary Page, Line 15</i>	\$	144287.91
12. Cash receipts this period..... <i>Line 7 above</i>		2854.73
13. Miscellaneous increases to cash	\$	0.00
14. Cash expenditures this period..... <i>Line 3 above</i>		50.00
15. ENDING CASH BALANCE THIS PERIOD <i>Add Lines 11 + 12 + 13, then subtract Line 14</i>	\$	147092.64